Open Enrollment (OE) provides you the opportunity to enroll and/or make changes to your benefit plans for you and your family. This document provides guidance on how to complete your benefit elections through <u>UCPath</u> online during Open Enrollment for the plan year of 2023.

Open Enrollment:

CALIFORNIA UCPath

- Starts: October 27, 2022, at 8 a.m.
- Ends: November 18, 2022, at 5 p.m.

Contents:

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To jump to one of the following sections, click on the link below:

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- OE Coverage Begin & Paycheck Deduction Dates
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How to Make Your Open Enrollment Changes

Web Browser Tips

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- Use a current version of Safari, Google, Firefox, or Microsoft Edge to enroll during Open Enrollment on UCPath.
- Disable pop-up blockers before you start the enrollment process. Refer to the <u>Disable Pop-Up Blocker</u> job aid for instructions

Log in to UCPath

Log in to <u>UCPath</u> and locate the Open Enrollment countdown clock at the top of the dashboard and click the **Enroll Now** button.



If prompted, answer the Security Question and then click the Submit button.

- The questions/answers are specific to your account and may not be the same as the example shown here
- You are required to set up security questions and answers to use self-service functionality in UCPath, which includes Open Enrollment. Refer to the <u>Security Question Setup</u> training simulation for instructions.

ECURITY QUESTION	
ase confirm your identity by answering the follow	ving security question.
What is your favorite food?	
•••••	
Submit	Не

Benefits Enrollment Page

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The **Benefits Enrollment** page appears after successfully answering the displayed security question. You can click on <u>Ask ALEX</u> link to access your virtual benefits counselor.

Under the **Open Enrollment Events** section, click on the **Open** button to begin making your Open Enrollment elections.

Note: A spinning circle indicates UCPath is processing your request



Open Enrollment Page

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The **Open Enrollment** page displays the following sections:

- **Reminders:** Review all the information provided in this section for important benefit plan reminders
- Election Summary: This section shows your current cost per pay period for your benefit choices. As you make your Open Enrollment elections, the **Before Tax** and **After Tax** columns will update to reflect your total costs.
- **Current Benefits Details:** These tiles represent all of the available benefit plans. The benefit plan tiles will display your selected plan and plan cost. If you are a new employee, tiles will default to **Waive**.
 - Click on the **Edit** button (pencil icon) on each of the benefit plan tiles to make changes to your elections
 - **Note:** Benefit plans without an edit (pencil icon) button are **not** open for changes during Open Enrollment

For this example, click on the **Edit** button (pencil icon) on the **Medical** tile to make changes to this benefit plan.

ow is the time to make sure you're enrolled in the right plans for y eminders lexible Spending Accounts: If you are enrolled in the Health or D articipating next yeax, you must reenroll in these programs during we a minimum of \$25 remaining in your account on December 31 tryover from plan year 2022 to 2023 is limited to \$570. lowing from FSA to Health Savings Account: If you are enrolled to plan year, and plan to enroll in the Health Savings Plan for 2023 se UCnet for more information. If and Disability Plans: You cannot enroll in Life or Disability Pla feelaal conditions may revent an aroux Visit UCnet for more infor may revent an our Visit UCnet for more information directly	ou and your family. To learn more about your choices, o epCare Flexible Spending Account (FSA) and want to c Open Enrollment. If you do not reenroll in the Health 1, 2022 to be able to carry over your balance to the next in Health FSA in 2022, will have a balance of at least \$, UC will create a Limited Health FSA for your carryove ans through the Open Enrollment event in UCPath. Hov to the insurance carriers. Enrollment is not guarantee imation on how to apoly.	lick on UCnet. Shifnue 25 A, your must plan year. The 25 at the end of r balance. Please rever, you can , and certain	Important: Your cur To edit your benefit upper corner of the 1 Once your selection finalize your choices Your enrollments an the Submit Benefit C	rent benefit election elections, click on the enefit tile and modi have been complete not finalized until y holces page.	s are summarized e edit button (pen fy your selection(s ed, select the Sub u ou Submit all your	below. il icon) in the). mit button to choices from
mily Member Eligibility Verification: If you enroll new family m mbers' eligibility for coverage. You will receive a packet from Un u do not complete verification, your family members will be disen	embers during Open Enrollment, you are required to v ifyHR with instructions on how to complete the verifici rolled from benefits.	erify your family ition process. If				
his table summarizes estimated costs per pay period for your new bene	fit choices.		Before Tax	After Tax	Total	Employer
his table summarizes estimated costs per pay period for your new bene	fit choices.		Before Tax	After Tax 77.24	Total 77.24	Employer
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In the Select an Option section for the medical benefit plan, select your plan or waive coverage.

Select an Option Here are your available options with your costs per per	ay period. (Your cost = full benefit cost – UC contribution)	
Core Plan	UC Health Savings Plan	UC Care Plan
Select	Select	Select
UC Blue & Gold HMO	Kaiser North	Waive
Select	Selected	Select
View cost summary		

Add Dependents to Benefit Plans

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Use the **Enroll Your Family Members** section to add dependents to the selected plan. The dependents you enter in UCPath appear in the **Dependent** list. You can add or modify dependents during the enrollment process.

Click on the Add/Review Family Members button

Enroll Your Family Members	}
The following list displays all individuals you have named as family members. If an individual is missing from this list, use the Add/Review Dependents button to add new family members or to determine why a family member has been determined to be ineligible.	3
The Affordable Care Act (ACA) requires employers to make reasonable efforts to obtain Social Security numbers for employees, spouses /domestic partners, and dependents.	3
To enroll any of the listed individuals for coverage in this plan, check the box next to the family member's name.	>
Dependent	2
Samia Y Slaughter - Domestic Partner, EE TaxDep NA	Ş
Add/Review Family Members	2

On the **Add/Review Dependent** page, select the name of your dependent to view or modify their personal information. To add a dependent, click the **Add a dependent** button.

ENT		
verage. Select a name to view or modify persor	nal information. To add a dependent or benefic	ciary , select the
Date of Birth:	01/01/1988	
Date of Birth: Dependent:	01/01/1988 Yes	
	ENT	ENT verage. Select a name to view or modify personal information. To add a dependent or benefic



On the **Dependent Personal Information** page, complete the **Personal Information** section for your dependent(s).

e Affordable Care A ouses/domestic par	:t (ACA) requires employers to make reasonable efforts to obtain Social Security number for employees, iners, and dependents.	
Personal Inf	ormation	
* First Name		
Middle Name		
Last Name		
Name Prefix		
Name Suffix		
Date of Birth		
Gender	а 	
Select an Opti	n	~
Social Security Nu	mber	

In the **Relationship** section, click the drop-down in **What Relationship do you have with the dependent?** The **Relationship to Employee** section will auto-populate based on your selection.

elationship	
What Relationship do you have with this dependent?	
Select an Option	~
Relationship to Employee	
Select an Option	~

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In the **Address and Telephone** section, you can select the checkboxes to use the **Same Address as Employee** and the **Same Phone as Employee** if the dependent and employee use the same address and phone. Once you complete the **Dependent Personal Information** page, click on the **Save** button.

Same Address as Em	ployee		
Country	United States		
Address	300 Lakeside Dr Dummy 100 Oakland, CA 94612		
Same Phone as Emp Phone Phone	loyee		

The **Save Confirmation** page confirms the personal information entered for your dependent was successfully saved. Click **OK** button to continue.

SAVE CO	NFIRMAT	ION	
✔ The Save was	successful.		
		ОК	

You are returned to the **Enroll Your Family Members** section, and the newly entered dependent appears in the **Dependent** list but is **not yet** enrolled in the benefit plan.

To enroll a dependent in this plan, click the check box next to the dependent(s) name.

he following l dd new family	st displays all individuals you have named as family members. If an individual is missing from this list, use the Add/Review Dependents button members or to determine why a family member has been determined to be ineligible.
he Affordable lependents.	Care Act (ACA) requires employers to make reasonable efforts to obtain Social Security numbers for employees, spouses /domestic partners, an
o enroll any o	the listed individuals for coverage in this plan, check the box next to the family member's name.
Dependen	t
2	- Domestic Partner, EE TaxDep NA
2 I	- Child EE Biological/Adopted NC
Add/Review	Family Members

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After you complete your elections for the selected benefit plan, you can either:

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- Click the Save and Continue Your elections are not complete button to save your changes and continue to the next screen
 - Note: Clicking on Save and Continue Your elections are not complete DOES NOT submit your Open Enrollment elections. This only saves your elections.
- Click the **Cancel Changes** button to exit this page without saving your changes.

Cancel Changes Save and Continue – Your elections are not complete

UCPath displays the details for your selection, including the plan, the estimated pay period cost for the benefit election, and the covered dependents.

Click on the **Save Changes** button to submit your changes or click the **Back** button to continue making changes before saving.

MEDICAL		
Fernando Jiang		
/our Choice		
ou have chosen Kaiser North with Self + Ad	NA) coverage.	
/our estimated cost per pay pe	d	
146.16		
/our Covered Dependents		
Name	Relationship	
Samia Y Slaughter	Domestic Partner, EE TaxDep NA	
Notes		
Once submitted, this choice will take effect J lisability and Flexible Spending Account ded aycheck in January, with the exception of di	ary 1. For biweekly employees, deductions will start with your first paycheck in December, wi ions, which commence with your paycheck in January. For monthly employees, deductions wi lilty deductions, which commence with your paycheck in February.	ith the exception of Il start with your firs

The **Open Enrollment** page appears again. The plan and cost for the benefit plan you selected display on the tile. **Repeat the steps for each benefit plan tile to make your Open Enrollment elections.**

This caple summarizes escinated costs pe	er pay period for your	new benefit choices.	Be	fore Tax	After Tax	Total	Emplo
Costs				146.16	77.24	223.40	1,363
Your Costs				146.16	77.24	223.40	
Current Benefits Detai	ls						
Medical	$\overline{}$	Dental		Vision	1		0
Kaiser North:Self +		Delta Dental PPO:Self + Adult (NA)		Vision S (VSP):Se (NA)	ervice Pla elf + Adult	n	
New							

How to Submit your Benefit Elections

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Once you have reviewed each of the benefit plan tiles and have made all your elections, and want to begin the submit process, scroll down to the bottom of the **Open Enrollment** page. Click on the **Save and Continue** – **Your elections are not complete** button to save your changes and continue to the next screen.

 Note: Clicking on Save and Continue – Your elections are not complete DOES NOT submit your Open Enrollment elections. This only saves your elections.

Select the Submit button to finalize your choices.			
Important: Your enrollment will not be complete until you submit your choices.			
Save and Continue – Your elections are not complete			

The **Submit Benefit Choices** page will appear. Review the **Terms and Conditions**, and click on the checkbox under the **Arbitration** section to accept the Terms and Conditions, as well as the **HIPAA Statement Confirmation**.

 but have almost completed your enrollment. If you have no further changes, accept the Arbitration statement and Terms and Conditions below, then select the submit button to finalize your benefits choices. below that you are not ready to submit your choices and wish to return to the Enrollment Summary. but may tore your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you elect the Submit button your benefit choices will be processed. but may make changes to your elections during Open Enrollment; however, you may submit changes only once per day. Forms and Conditions Your social security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting proposed and state laws. If you are confirmed as legible for participation in UC-sponsored plans, you are subject to the following terms and conditions: ARBITRATION With regard to enrollment in a Kaiser Foundation Health Plan (KPHP), I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ENSA claims procedure regulation, and any other claims that cannot be subject to them and and Kaiser Foundation Health Plan (Linding any Sing out of related to membership in KPH, Pli cluiding any claim for medical or hopstal malpractice (a claim that medical services were unnecessary or unauthorized to remore ships in KPH, Pli cluiding any claims for medical or hopstaling to the constaling to the constaling to the constale to themsensing in KPH Pli cluiding any claim for medical or hopstaling to the constaling to the constaling to the constaling to the constaled to membership in KPHP, incluiding any claim for medical or hopstaling to the consteage for or delaryer § forvices were mencessary or unauthorize	JBMIT BENEFIT CHOICES
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bu may make changes to your elections during Open Enrollment; however, you may submit changes only once per day. Forms and Conditions Your social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws. If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions: ARUTRATION With regard to enrollment in a Kaiser Foundation Health Plan ((CHP), I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand, for alleged violation of any dury arising out of or related to membership in KPFI, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improper), negligently, or incompetently rendered, for premises liability, or relating to the coverage for, or delivery sciences or terms, increpactive of regiltento, must be decided by binding arbitration under California law and not by lawauit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings, I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the <i>Evidence of Coverage</i> . NDTCH DEV DARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AD YOU ARE GAVING UP YOUR RIGHT TO A JURY OR COURT TRUL.	nay store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you t the Submit button your benefit choices will be processed.
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NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL BY CHECKING THIS BOX I AM ELECTRONICALLY SIGNING AND ACCEPTING THE	th regard to enrollment in a Kaiser Foundation Health Plan (KFHP), I understand that (except for 5mall Claims Court cases, claims subject to a Medicare peals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any disput tween myseling multier, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc., any contracted health care providers, ministrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any im for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improper), neglignently, or incompetently indered), for premises liability, or relating to the coverage for, or delivery of services or items, increpactive of legal theory, must be decided by binding bitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I rev to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the <i>Evidence</i> of <i>vverage</i> .
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	IY CHECKING THIS BOX I AM ELECTRONICALLY SIGNING AND ACCEPTING THE
ABOVE ARBITRATION TERMS PERTAINING TO KAISER FOUNDATION HEALTH	BOVE ARBITRATION TERMS PERTAINING TO KAISER FOUNDATION HEALTH

Click on the following checkboxes:

- By checking this box I accept the above Terms and Conditions
- HIPAA Notice of Privacy Practices





☑ By checking this box I accept the above Terms and Conditions	Z
HIPAA Notice of Privacy Practices	1
Sy selecting this checkbox, I am electing to receive an electronic HIPAA statement.	<
Authorize Elections	
By submitting your benefit choices you are authorizing the University of California to take deductions from your paycheck to pay for your benefit costs. You are als authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.	50
Cancel Save and Continue – Your elections are not complete	-) \

If you select the **Save and Continue** – **Your elections are not complete** button, the following **Message** page displays. Click **OK** to continue.

MESSAGE	5
Elections can only be submitted once daily during the open enro before submitting. Any subsequent changes cannot be made un	ollment election period. Please review elections til tomorrow. Click OK to proceed.
ок	Cancel

The **Submit Confirmation** page will inform you that your benefit elections were successfully submitted.

- Note: You will receive a confirmation statement by email within 24-48 hours. Although you submitted your benefit elections, you can still make additional changes. You can submit additional Open Enrollment changes in UCPath once per day during the Open Enrollment election period.
- Click OK to return to the Open Enrollment page

SUBMIT CONFIRMATION		
our benefit choices have been successfully submitted. ou will receive a confirmation statement by email (typically within 24 - 48 hours). o return to the Benefits Enrollment page, use the OK button.		
023 Open Enrollment Survey is located here.		
	ок	



The final Open Enrollment **Confirmation Statement** is sent to you via email when UCPath completes Open Enrollment processing by December 5, 2022.

Review your Open Enrollment Elections

You can review your Open Enrollment elections on your **Open Enrollment Submission Statement** sent via email or on <u>UCPath</u> on the **Benefits Summary** page **after** your Open Enrollment changes are finalized.

 Note: Your Open Enrollment elections are usually finalized by the next business day after you submit your elections

To see your <u>finalized</u> Open Enrollment elections, log into <u>UCPath</u>. From the **Dashboard**, navigate to **Employee Actions > Health and Welfare > Benefits Summary**. Refer to the <u>View Benefits Summary</u> training simulation for instructions.

• Note: To view your 2023 elections, use the calendar icon to select a date on or after 1/1/2023.

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ervice Da		BENEEITS SUMMAR	Y
Das <	E < Health and Welfare	BEITEITTS SOMMUM	
eo Pe	Benefits Summary	Benefits Eligibility Level: F-FULL	
oi Le	a Dependent Covera	To view your benefits as of another date, enter	r the date and apply the change
c He	Ea Life Events / Benef	10/10/0000	4
In	Enroll in Benefits	10/19/2022	
n Re	t Using Your Benefits	Medical	Dental
i Se	c Review/Update Yo	Kaiser South	Delta Dental PPO
el		Self + Adult (NA)	Self + Adult (NA)

I Have No Changes

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Open Enrollment is the opportunity for you to review your benefits and make any necessary changes to your benefits elections, but is not required. If you wish to continue the same benefit plans you currently have, no action is required, except for Flexible Spending Accounts (FSAs)

• If you are enrolled in a Flexible Spending Account (Health FSA and/or the DepCare FSA) and want to continue participating in 2023, you must re-enroll (each calendar year)

Note: You can make and submit your Open Enrollment changes, once per day, until November 18, 2022, at 5:00 p.m. PST

OE Coverage Begin Date & Paycheck Deduction Dates

The following table illustrates the coverage begin date for OE changes and the paycheck on which new benefit rates take effect. Bi-weekly employees pay most benefit costs <u>the month in advance of coverage</u> and monthly employees pay most benefit costs <u>at the start of the coverage month</u>. This means that most new 2023 benefit rates will reflect in a December 2022 paycheck for bi-weekly employees.

Pay Schedule	OE Coverage Begin Date <u>Before</u> OE Finalized*	OE Coverage Begin Date <u>After</u> OE Finalized*	Deduction Begin Date	Paycheck Date
Bi-weekly	12/10/2022	1/1/2023	11/13/2022*	12/7/2022
Monthly	1/1/2023	1/1/2023	12/1/2022*	1/3/2023

*Bi-weekly: 2023 disability premiums for January coverage and Flexible Spending Account (FSA) contributions will be deducted on the 1/4/2023 paycheck

*Monthly: Flexible Spending Account (FSA) contributions and disability premiums will be deducted on the 2/1/2023 paycheck

UCPath Open Enrollment Troubleshooting Tips

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If you are unable to move forward in the Open Enrollment pages (for example, the page seems to be 'stuck'), return to the UCPath **Dashboard** and click the **Enroll Here** button.

From the Dashboard, you can also navigate to Employee Actions > Health and Welfare > Enroll in Benefits. This action refreshes the Enroll in Benefits transaction. You may or may not lose your data entry; data entry is generally saved, but this may not occur if you were truly 'stuck.'

For security purposes, if there is non-activity while on the Open Enrollment page on UCPath, the system will automatically timeout after 20 minutes. The following warning message will appear five minutes <u>before</u> the default system timeout occurs.

• If this message occurs while you are making your Open Enrollment elections, click on the text, *Click here to remain on the page*. Otherwise, your session will time out and you will need to go back to the Open Enrollment page by clicking on the Enroll Now button on the UCPath dashboard.

UNIVERSITY GALIFORNIA UCPath		Q	😡 Bookmark 😝 Log ou
			Ask UCPath Center
Timeout Warning: This page will timeout in 5 m	inutes. Click here to remain on the page.		×
OPEN ENROLLMEN	T		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Or you may get the UCPath Alert window, if your session is about to expire. Click on Yes to reset your session.

